



Approved for use through 9/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

Patent fees are subject to annual revision.

Complete If Known

Application Number	09/100,952
Filing Date	22 June 1998
First Named Inventor	KWANG-YOUN PARK
Examiner Name	CHIEU, P.
Group/Art Unit	2615

TOTAL AMOUNT OF PAYMENT	(\$ <u>430.00</u>)	Attorney Docket No.	P55248
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METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

3. ADDITIONAL FEES

Deposit Account Number: <u>02-4943</u>	Large Entity	Small Entity	Technology Center 2600			
Deposit Account Number: _____	Fee Code	Fee (\$)			Fee Code	Fee (\$)
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.	105	130	205	65	Surcharge-late filing fee or oath	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	127	50	227	25	Surcharge-late provisional filing fee or cover sheet	\$
2. ■ Payment Enclosed: (CHECK #42605)	139	130	139	130	Non-English specification	\$
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	147	2,520	147	2,520	For filing a request for reexamination	\$
Fee Calculation						
1. BASIC FILING FEE						
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
101	740	201	370	Utility filing fee	\$	
106	330	206	165	Design filing fee	\$	
107	510	207	255	Plant filing fee	\$	
108	740	208	370	Reissue filing fee	\$	
114	160	214	80	Provisional filing fee	\$	
SUBTOTAL (1)		(\$ 0.00)				
2. EXTRA CLAIM FEES						
	Extra Claims	Fee from below	Fee Paid			
Total claims	-20** =	x	=			
Independent Claims	- 3** =	x	=			
Multiple Dependent			=			
** or number previously paid, if greater; For Reissues, see below						
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
103	18	203	9	Claims in excess of 20		
102	84	202	42	Independent claims in excess of 3		
104	280	204	140	Multiple dependent claim, if not paid		
109	84	209	42	** Reissue Independent claims over original patent		
110	18	210	9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		(\$ 0.00)				
Other Fee (specify) _____					\$	
Other Fee (specify) _____					\$	
** Reduced by Basic Filing Fee Paid					SUBTOTAL (3) \$ 430.00	

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Robert E. Bushnell, Esq.		Reg. Number	27,774
Signature		Date	12 June 2002	Deposit Account User ID

REB/rfc

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